



2183/18

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/458,570
		Filing Date	December 9, 1999
		First Named Inventor	Dion Rodgers
		Art Unit	2183
		Examiner Name	Ellis, Richard L
Total Number of Pages in This Submission	14	Attorney Docket Number	42390P7933

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		RECEIVED DFC 17 2003
Technology Center 2100		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	André L. Marais, Reg. No. 48,095 BLAKELY SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	12/05/03

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Patricia A. Balero
Signature	
Date	12/5/03



**EE TRANSMITTAL  
for FY 2003**

*Effective 01/01/2003. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 110.00)

<i><b>Complete if Known</b></i>	
Application Number	09/458,570
Filing Date	December 9, 1999
First Named Inventor	Dion Rodgers
Examiner Name	Ellis, Richard L
Group/Art Unit	2183
Attorney Docket No.	42390P7913

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93

**METHOD OF PAYMENT** (*check all that apply*)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account				

**Deposit  
Account  
Number** 02-2666

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below       Credit any overpayments

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## **FEE CALCULATION**

## **1. BASIC FILING FEE**

Large Entity		Small Entity			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

## **2. EXTRA CLAIM FEES**

Total Claims		Claims	Below	VCR and
Independent Claims		- 20**	=	X
		3	=	X
Multiple Dependent			=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	66	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

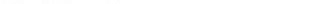
**SUBTOTAL (2)** (\$)

*\*or number previously paid, if greater. For Reissues, see below*

**Complete (if applicable)**

**SUBMITTED BY**

**Complete (if applicable)**

Name (Print/Type)	André L. Marais	Registration No. (Attorney/Agent)	48,095	Telephone	(408) 947-8200
Signature				Date	12/08/03

Based on PTO/SB/17 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 08/11/2003.  
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